

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
735 E. Michigan Avenue
PO Box 30044 – Lansing, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

SUBCONTRACTOR’S MONTHLY WORKERS UTILIZATION REPORT

FROM:

REPORTING MONTH & YEAR: MSHDA NUMBER: NAME OF DEVELOPMENT: IRS NUMBER:														
ADE PERFORMED, COMPANY NAME & FEID #, SOCIAL SECURITY #	HOURS WORKED BY MALES						HOURS WORKED BY FEMALES						HOURS WORKED BY PEOPLE WITH DISABILITIES	
	BL/A Am.	Hp/Lt.	As.	Am. I/Al Na.	Na. Hw/Pl.	Other	Bl/A Am.	Hp/Lt.	As.	Am I/Al Na.	Na. Hw/PL	Other	Male	Female
KEY: BL/A Am. – Black/African American; HP/Lt. – Hispanic or Latino; As. – Asian; Am. I / Al. Na. – American Indian or Alaska Native; Na. Hw/Pl. – Native Hawaiian or Other Pacific Islander; Other – Anyone not in specific categories listed above														